

Health Fair Request Form

Requests Must be made at least 4-6 weeks in advance.

Information

Agency/Organization Name: _____

Contact Person Name: _____

Phone/Fax _____

Address/Location of Health Fair _____

Type of Services Requested:

- General Information (Table)
 Blood Sugar
 BMI (Body Mass Index)

 Blood Pressure
 Spirometry

Health Fair Date (s)/time (s) _____

Alternate Days: _____

Description of people attending Health fair: _____ Estimated # of people attending health fair: _____

Which of the following will be provided? ___ Tables ___ Chairs Canopy

Please note that since GCHC, Inc. has a limited number of staff, there are no guarantees for attendance at health fairs. If we are unable to meet your request but you are still interested in distributing general information/materials at your health fair, please call (877) 983-1161 x 881 for more details.

Please fax completed request form back to (409) 984.8465, **Attn: Susan Anaya, Community Health Specialist Supervisor** or email at sanaya@gulfcoasthc.org. You will be notified shortly regarding the status of your request. Thank you.

Status

- Approved
 Rejected

Comments:

- No staffing available
 Gchc can provide general information/materials at your health fair.
 Gchc is unavailable the date you have selected.

Signature _____

Date _____